

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. <i>19941402</i>	ILING DATE
						CLAIMS	
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			
IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						51	
2						52	
3						53	
4						54	
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43						93	
44						94	
45						95	
46						96	
47						97	
48						98	
49						99	
50						100	
TOTAL IND.						TOTAL IND.	
TOTAL DEP.						TOTAL DEP.	
TOTAL CLAIMS	10	10	10	10	10	TOTAL CLAIMS	10

*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

PTO-1360 (3-78)

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